

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) _____ Applicant petitions for an extension of time for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
_____	one month	\$ 110.00	\$ 55.00
_____	two months	410.00	205.00
_____	three months	930.00	465.00
_____	four months	1,450.00	7250.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) XXX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		Small Entity		Other than a Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid for		Present EXTRA	Rate	Addit. Fee		Addit. Fee
TOTAL	24	MINUS	23	=	1	x 9 = \$	x 18 =	\$18.00	
INDEP.	11	MINUS	4	=	7	x 42 = \$	x 84 =	\$588.00	
_____ First Presentation of Multiple Dep. Claim						x 125 = \$	x 250 = \$		
						Total \$	or Total	\$606.00	

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

** If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) _____ No additional fee is required

OR

(d) XX Total additional fee required \$ 606.00

FEE PAYMENT

5. XXX Attached is a check in the sum of \$ 606.00
 Charge Account No. 23-0630 in the sum of \$ _____


Fee Deficiency

6. XXX If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630

And/Or

XXX If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 45,115



Signature of Attorney

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Type or Print Name of Attorney

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